		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0005363

Facility Name: Snyders-Vaughn Haven

Address: 135 S. Morgan Street (Number) Rushville (City) 62681 (Zip Code)

County: Schuyler

Telephone Number: (217) 322-3420 **Fax #** (217) 322-6537

IDPA ID Number: 370894651001

Date of Initial License for Current Owners: 1966

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Chuck Fischer **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser, LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,897	1,527	1,940	5,364	8
9	SNF/PED					9
10	ICF	13,214	5,973		19,187	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,111	7,500	1,940	24,551	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.94%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1966

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 1992 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 1,940

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7**	8	9	10	
1	Dietary	150,794	16,299	3,702	170,795		170,795		170,795			1
2	Food Purchase		120,680		120,680		120,680	(2,126)	118,554			2
3	Housekeeping	73,970	7,907	895	82,772		82,772		82,772			3
4	Laundry	34,315	14,885		49,200		49,200		49,200			4
5	Heat and Other Utilities			80,719	80,719		80,719		80,719			5
6	Maintenance	39,720	11,739	21,261	72,720		72,720		72,720			6
7	Other (specify):*											7
8	**TOTAL General Services**	298,799	171,510	106,577	576,886		576,886	(2,126)	574,760			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	757,843	16,963	2,467	777,273		777,273		777,273			10
10a	Therapy	33,525	106	53,879	87,510		87,510		87,510			10a
11	Activities	26,393	1,765	1,014	29,172		29,172		29,172			11
12	Social Services	15,263		3,840	19,103		19,103		19,103			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	833,024	18,834	61,200	913,058		913,058		913,058			16
	C. General Administration											
17	Administrative	150,560			150,560		150,560		150,560			17
18	Directors Fees											18
19	Professional Services			26,438	26,438		26,438		26,438			19
20	Dues, Fees, Subscriptions & Promotions			15,690	15,690		15,690	(130)	15,560			20
21	Clerical & General Office Expenses	59,615	6,291	21,306	87,212		87,212	(879)	86,333			21
22	Employee Benefits & Payroll Taxes			133,454	133,454		133,454		133,454			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,550	1,550		1,550		1,550			24
25	Other Admin. Staff Transportation			4,313	4,313		4,313		4,313			25
26	Insurance-Prop.Liab.Malpractice			62,685	62,685		62,685		62,685			26
27	Other (specify):*											27
28	**TOTAL General Administration**	210,175	6,291	265,436	481,902		481,902	(1,009)	480,893			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,341,998	196,635	433,213	1,971,846		1,971,846	(3,135)	1,968,711			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Snyders-Vaughn Haven #0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	D. Ownership	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7**	8	9	10	
30	Depreciation			69,554	69,554		69,554	31,912	101,466			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,285	19,285		19,285	59,255	78,540			32
33	Real Estate Taxes			28,462	28,462		28,462	(420)	28,042			33
34	Rent-Facility & Grounds			216,000	216,000		216,000	(216,000)				34
35	Rent-Equipment & Vehicles			9,570	9,570		9,570		9,570			35
36	Other (specify):*											36
37	**TOTAL Ownership**			342,871	342,871		342,871	(125,253)	217,618			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		60,337		60,337		60,337		60,337			39
40	Barber and Beauty Shops			894	894		894		894			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,171	54,171		54,171		54,171			42
43	Other (specify):* Nonallowable Costs			11,798	11,798		11,798	(11,798)				43
44	**TOTAL Special Cost Centers**		60,337	66,863	127,200		127,200	(11,798)	115,402			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,341,998	256,972	842,947	2,441,917		2,441,917	(140,186)	2,301,731			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

**** See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(910)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,871)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,475)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,729)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,151)	21		28
29	Other-Attach Schedule See Sch 5A	(7,692)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (16,828)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(123,358)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (123,358)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (140,186)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Snyder's Vaughn Haven, Inc.
ID # 0005363
1.1.02-12.31.02

Schedule 5A

Non-allowable expenses	Amount	Reference
Vending Income offset	(1,216)	2
Miscellaneous Income offset	(148)	21
Non-allowable dues & subscriptions	(130)	20
Non-allowable lab expense	(6,198)	43
Total	(7,692)	

See Accountants' Compilation Report

Snyders-Vaughn Haven

ID# 0005363

Report Period Beginning: 01/01/02

Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Snyders-Vaughn Haven **#** 0005363 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(910)	0	0	0	0	0	0	0	0	0	0	(910)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(910)	0	0	0	0	0	0	0	0	0	0	(910)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(1,151)	0	0	0	0	0	0	0	0	0	0	(1,151)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(1,151)	0	0	0	0	0	0	0	0	0	0	(1,151)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(2,061)	0	0	0	0	0	0	0	0	0	0	(2,061)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Snyders-Vaughn Haven **#** 0005363 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	31,912	0	0	0	0	0	0	0	0	0	31,912	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,475)	60,730	0	0	0	0	0	0	0	0	0	59,255	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(216,000)	0	0	0	0	0	0	0	0	0	(216,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,475)	(123,358)	0	0	0	0	0	0	0	0	0	(124,833)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(5,600)	0	0	0	0	0	0	0	0	0	0	(5,600)	43
44	**TOTAL Special Cost Centers**	(5,600)	0	0	0	0	0	0	0	0	0	0	(5,600)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(9,136)	(123,358)	0	0	0	0	0	0	0	0	0	(132,494)	45

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50%	Collinsville Care Center	Collinsville, IL	Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation	$	Snyder Properties	100.00%	$ 31,912	$ 31,912	1
2	V	32	Interest		Snyder Properties	100.00%	60,730	60,730	2
3	V	34	Rent	216,000	Snyder Properties	100.00%		(216,000)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 216,000			$ 92,642	$ * (123,358)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	John R. Snyder	Administrator	Administrator	50.00	None	50	100.00	Salary	$ 60,000	L17, C1	1
2	Vaughn I. Snyder	Officer	Officer	50.00	None	6	15.00	Salary	24,000	L17, C1	2
3	Dianne Snyder	COO	COO	0.00	None	50	100.00	Salary	33,560	L17, C1	3
4	Aaron Snyder	Clerical	Clerical	0.00	None	30	100.00	Salary	11,522	L21, C1	4
5	Edna Busen	Clerical	Clerical	0.00	None	15	35.00	Salary	4,368	L21, C1	5
6	Gregg Snyder	Clerical	Clerical	0.00	None	15	35.00	Salary	8,037	L21, C1	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 141,487		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6					N/A					6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Schuyler State Bank		X	Auto Loan	$600.00	1/24/00	$ 29,080	$ 14,106	1/24/2005	0.0875	$ 1,483	1
2	First Bank		X	Mortgage	$13,445.00	11/01/95	1,133,854	798,262	11/07/2015	0.0894	60,730	2
3												3
4												4
5												5
	Working Capital											
6	Schuyler State Bank		X	Working Capital	None	8/01	300,000	245,462	8/2003	0.0938	17,802	6
7												7
8												8
9	TOTAL Facility Related				$14,045.00		$ 1,462,934	$ 1,057,830			$ 80,015	9
	B. Non-Facility Related*											
10									Interest Income Offset		(1,475)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,475)	14
15	TOTALS (line 9+line14)						$ 1,462,934	$ 1,057,830			$ 78,540	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ none Line # n/a

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 30,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2001	$ 28,042	2
3. Under or (over) accrual (line 2 minus line 1).		$ (1,958)	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 30,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 28,042	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1997	28,937	8
	1998	29,014	9
	1999	27,564	10
	2000	26,763	11
	2001	28,042	12

For accrual, same as prior year.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyders-Vaughn Haver COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE (217)-322-3201 FAX #: (217) 322-6537

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2001

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-170-014-00	Nursing Home	$ 932.00	$ 932.00
2.	12-131-009-00	Nursing Home	$ 157.00	$ 157.00
3.	12-131-003-00	Nursing Home	$ 129.00	$ 129.00
4.	12-126-006-00	Nursing Home	$ 213.00	$ 213.00
5.	12-126-005-00	Nursing Home	$ 52.00	$ 52.00
6.	12-126-004-00	Nursing Home	$ 290.00	$ 290.00
7.	12-126-003-00	Nursing Home	$ 25,519.00	$ 25,519.00
8.	12-040-013-00	Nursing Home	$ 205.00	$ 205.00
9.	12-170-012-00	Nursing Home	$ 364.00	$ 364.00
10.	12-125-001-00	Nursing Home	$ 181.00	$ 181.00
		TOTALS	$ 28,042.00	$ 28,042.00

B. **Real Estate Tax Cost Allocation**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill whic is normally paid during 2002.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 45,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	215,000	1992	$ 41,500	1
2	Resident Care		1997	31,500	2
3	TOTALS	215,000		$ 73,000	3

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1992		$ 1,276,487	$	40	$ 31,912	$ 31,912	$ 323,271	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prior Years				173,475		Various			173,475	9
10	Drop Ceiling			1993	1,046	70	15	70		691	10
11	Alarm System			1996	9,173	917	10	917		6,878	11
12	Boiler			1996	2,242	224	10	224		1,456	12
13	Landscaping			1997	3,684	368	10	368		2,024	13
14	Roof			1997	3,427	343	10	343		1,886	14
15	Carpet			1997	3,080	308	10	308		1,694	15
16	Door			1997	4,494	449	10	449		2,470	16
17	Boiler			1997	503	50	10	50		275	17
18	A/C - Compressor			1997	839	84	10	84		462	18
19	Boiler			1999	2,840	284	10	284		994	19
20	Air Conditioner			1999	3,500	350	10	350		1,225	20
21	Fire Alarm System			1999	55,739	5,574	10	5,574		19,509	21
22	Parking Lot			1999	55,214	5,521	10	5,521		19,432	22
23	Landscaping			2000	23,959	2,396	10	2,396		5,990	23
24	Fire Alarm System			2000	7,032	704	10	704		1,760	24
25	Concrete Sidewalks and Drive			2000	3,379	338	10	338		845	25
26	Landscaping			2000	1,079	108	10	108		270	26
27	Concrete Sidewalks and Drive			2000	535	54	10	54		135	27
28	Plumbing Improvements			2000	2,257	226	10	226		565	28
29	Wall Coverings			2000	2,870	286	10	286		715	29
30	Electrical Improvements			2000	1,243	124	10	124		310	30
31	Door Frame			2000	791	80	10	80		200	31
32	Water Softner			2001	6,543	654	10	654		981	32
33	Landscaping			2001	1,804	180	10	180		270	33
34	Roofing			2001	2,934	293	10	293		440	34
35	Door Locks			2002	2,783	139	10	139		139	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,652,952	$ 20,124		$ 52,036	$ 31,912	$ 568,362	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 279,783	$ 41,759	$ 41,759	$	5-10 years	$ 249,028	71
72	Current Year Purchases	9,598	480	480		10 years	480	72
73	Fully Depreciated Assets	443,471				Various	443,471	73
74								74
75	TOTALS	$ 732,852	$ 42,239	$ 42,239	$		$ 692,979	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Maintenance & Staff	1990 Van	1991	$ 8,633	$	$	$	5	$ 8,633	76
77	Maintenance	1995 Dodge Truck	1996	11,665				5	11,665	77
78	Administrative	1997 Plymouth Neon	1997	7,461	747	747		5	7,461	78
79	Maintenance	2000 Dodge Ram Quad Cab	2000	32,223	6,444	6,444		5	16,110	79
80	TOTALS			$ 59,982	$ 7,191	$ 7,191	$		$ 43,869	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,518,786	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 69,554	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 101,466	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 31,912	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,305,210	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease . N/A

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? N/A YES ☐ NO

16. Rental Amount for movable equipment: $ 9,570 Description: Propane Tank $36, Copier $7,609, Dishwasher $1,005, Bed $920
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18		N/A			18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or)	Total Units	Total Cost	
			Units of Service	Cost	Units	Cost	Allocated)	(Column 2 + 4)	(Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10a, C3	hrs	$	979	$ 25,339	$	979	$ 25,339	1
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs		6	176		6	176	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C2&3	hrs		549	27,849	106	549	27,955	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				38,583		38,583	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	L39, C2					21,754		21,754	12
13	Other (specify): Respiratory Therapy	L10a, C3			17	515		17	515	13
14	TOTAL			$	1,551	$ 53,879	$ 60,443	1,551	$ 114,322	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 956,270	$ 956,270	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance none)	874,153	874,153	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	48,261	48,261	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,909,124	$ 1,909,124	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost	368,345	1,652,952	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	792,146	792,834	16
17	Accumulated Depreciation (book methods)	(1,020,525)	(1,305,210)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Property Tax Escrow	6,543	6,543	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 146,509	$ 1,220,119	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,055,633	$ 3,129,243	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 416,248	$ 416,248	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,784	34,784	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,337	13,337	31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	244,207	244,207	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 738,576	$ 738,576	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	259,568	259,568	39
40	Mortgage Payable		798,262	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 259,568	$ 1,057,830	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 998,144	$ 1,796,406	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,057,489	$ 1,332,837	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,055,633	$ 3,129,243	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,108,791	1
2	Restatements (describe):		2
3			3
4	Rounding	2	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,108,793	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(51,304)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (51,304)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,057,489	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,074,679	1
2	Discounts and Allowances for all Levels	94,545	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,169,224	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	126,234	6
7	Oxygen	1,574	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 127,808	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	910	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	38,015	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,072	19
20	Radiology and X-Ray		20
21	Other Medical Services	45,745	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 90,742	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,475	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,475	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	1,364	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,364	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,390,613	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	576,886	31
32	Health Care	913,058	32
33	General Administration	481,902	33
	B. Capital Expense		
34	Ownership	342,871	34
	C. Ancillary Expense		
35	Special Cost Centers	73,029	35
36	Provider Participation Fee	54,171	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,441,917	40
41	**Income before Income Taxes (line 30 minus line 40)****	(51,304)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (51,304)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** No **If not, please attach a reconciliation.**
This entity is a cash basis tax payer.

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,960	2,016	$ 45,662	$ 22.65	1
2	Assistant Director of Nursing					2
3	Registered Nurses	4,011	4,180	64,629	15.46	3
4	Licensed Practical Nurses	20,005	21,359	251,934	11.80	4
5	Nurse Aides & Orderlies	47,443	50,538	395,618	7.83	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,599	1,673	33,525	20.04	8
9	Activity Director	1,054	1,167	7,708	6.60	9
10	Activity Assistants	2,934	2,990	18,685	6.25	10
11	Social Service Workers	1,971	2,110	15,263	7.23	11
12	Dietician					12
13	Food Service Supervisor	1,968	2,025	22,861	11.29	13
14	Head Cook	8,043	8,543	57,483	6.73	14
15	Cook Helpers/Assistants	10,696	11,457	70,450	6.15	15
16	Dishwashers					16
17	Maintenance Workers	4,825	5,253	39,720	7.56	17
18	Housekeepers	11,657	12,373	73,970	5.98	18
19	Laundry	5,841	6,192	34,315	5.54	19
20	Administrator	2,080	2,136	60,000	28.09	20
21	Assistant Administrator	2,080	2,136	33,000	15.45	21
22	Other Administrative	4,160	4,272	57,560	13.47	22
23	Office Manager					23
24	Clerical	6,536	6,689	59,615	8.91	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	138,863	147,109	$ 1,341,998 *	$ 9.12	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	85	$ 3,702	L1, C3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,069	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	96	3,840	L12, C3	45
46	Other(specify)				46
47	Lab Consultant	Monthly	398	L10, C3	47
48					48
49	TOTAL (lines 35 - 48)	181	$ 10,009		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John R. Snyder	Administrator	50	$ 60,000
David Grate	Asst. Administrator	0	33,000
Vaughn Snyder	Accounting	50	24,000
Dianne Snyder	COO	0	33,560
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 150,560

B. Administrative - Other

Description	Amount
	$
N/A	
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Altschuler, Melvoin and		$
Glasser LLP	Accounting	8,231
American Express TBS	Accounting	13,870
Rushville State Bank	Accounting	2
Duane, Morris & Heckscher, LLP	Legal	3,133
GE Global Exchange Services	Medicare Billing	252
Personnel Planners, Inc.	U/C Consulting	950
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 26,438

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 9,971
Unemployment Compensation Insurance	23,205
FICA Taxes	100,118
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	160
TOTAL (agree to Schedule V, line 22, col.8)	$ 133,454

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	6,664
Health Care Worker Background Check	
(Indicate # of checks performed 7)	84
Illinois Health Care Assn.	5,854
Illinois Nursing Home Administrators Assn.	150
Various Dues & Subscriptions	1,503
Various Licenses	1,305
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,560

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,550
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,550

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7							N/A						
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Assn. $5,854 & Illinois Nursing Home Administrators Assn. $150**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **7,030** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **54,171**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **910**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

RECONCILIATION REPORT **Snyders-Vaughn Haven** **11:20 AM** **11/07/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS		COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-140,186	equal to	-140,186	0	O.K.		Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	78,540	equal to	78,540	0	O.K.		Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	28,042	equal to	28,042	0	O.K.		Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!		Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	101,466	equal to	101,466	0	FAILED		Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.		Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	9,570	equal to	9,570	0	O.K.		Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.		Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.		Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	53,470	equal to	87,510	-34,040	FAILED	Therapy wages & Resp. Therapy fees	Pg16 Z12+Z14..	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies	60,443	equal to	60,443	0	O.K.		Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	576,886	equal to	576,886	0	O.K.		Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	913,058	equal to	913,058	0	O.K.		Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	481,902	equal to	481,902	0	O.K.		Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	342,871	equal to	342,871	0	O.K.		Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	73,029	equal to	73,029	0	O.K.		Pg19 P17	N/A	35	2	Pg4 H21..H24+H	N/A	38to41+43	4
Income Stat. Prov. Partic.	54,171	equal to	54,171	0	O.K.		Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	757,843	equal to	757,843	0	O.K.		Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.		Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.		Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	26,393	equal to	26,393	0	O.K.		Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	15,263	equal to	15,263	0	O.K.		Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	150,794	equal to	150,794	0	O.K.		Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	39,720	equal to	39,720	0	O.K.		Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	73,970	equal to	73,970	0	O.K.		Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	34,315	equal to	34,315	0	O.K.		Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	150,560	equal to	150,560	0	O.K.		Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	59,615	equal to	59,615	0	O.K.		Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.		Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,341,998	equal to	1,341,998	0	O.K.		Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	3,702	< or = to	3,702	0	O.K.		Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to		0	O.K.		Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	2,069	< or = to	2,467	-398	O.K.	Lab Consultant	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	1,014	-1,014	O.K.	Purchased Servies	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	3,840	< or = to	3,840	0	O.K.		Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	150,560	equal to	150,560	0	O.K.		Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.		Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	26,438	equal to	26,438	0	O.K.		Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	133,454	equal to	133,454	0	O.K.		Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	15,560	equal to	15,560	0	O.K.		Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	1,550	equal to	1,550	0	O.K.		Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	54,171	equal to	54,171	0	O.K.		Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to		0	O.K.		Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.		Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.		Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	1,940	equal to	1,940	0	O.K.		Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-123,358	equal to	-123,358	0	O.K.		Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	1,057,830	equal to	1,057,830	0	O.K.		Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	30,000	equal to	30,000	0	O.K.		Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	73,000	equal to	73,000	0	O.K.		Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	1,652,952	equal to	1,652,952	0	O.K.		Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	792,834	equal to	792,834	0	O.K.		Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,305,210	equal to	1,305,210	0	FAILED		Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,057,489	equal to	1,057,489	0	O.K.		Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-51,304	equal to	-51,304	0	O.K.		Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.		Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,055,633	equal to	2,055,633	0	O.K.		Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustmen	Adjusted Total
1. Dietary	150,794	16,299	3,702	170,795	0	170,795	0	170,795
2. Food P	0	120,680	0	120,680	0	120,680	-2,126	118,554
3. Housek	73,970	7,907	895	82,772	0	82,772	0	82,772
4. Laundry	34,315	14,885	0	49,200	0	49,200	0	49,200
5. Heat ar	0	0	80,719	80,719	0	80,719	0	80,719
6. Mainter	39,720	11,739	21,261	72,720	0	72,720	0	72,720
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	298,799	171,510	106,577	576,886	0	576,886	-2,126	574,760
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	757,843	16,963	2,467	777,273	0	777,273	0	777,273
10a. Thera	33,525	106	53,879	87,510	0	87,510	0	87,510
11. Activiti	26,393	1,765	1,014	29,172	0	29,172	0	29,172
12. Social	15,263	0	3,840	19,103	0	19,103	0	19,103
13. Nurse	0	0	0	0	0	0	0	0
14. Progra	0	0	0	0	0	0	0	0
15. Other	0	0	0	0	0	0	0	0
16. Total H	833,024	18,834	61,200	913,058	0	913,058	0	913,058
17. Admin	150,560	0	0	150,560	0	150,560	0	150,560
18. Directo	0	0	0	0	0	0	0	0
19. Profes	0	0	26,438	26,438	0	26,438	0	26,438
20. Fees,	0	0	15,690	15,690	0	15,690	-130	15,560
21. Clerica	59,615	6,291	21,306	87,212	0	87,212	-879	86,333
22. Emplo	0	0	133,454	133,454	0	133,454	0	133,454
23. Inserv	0	0	0	0	0	0	0	0
24. Travel	0	0	1,550	1,550	0	1,550	0	1,550
25. Other	0	0	4,313	4,313	0	4,313	0	4,313
26. Insura	0	0	62,685	62,685	0	62,685	0	62,685
27. Other	0	0	0	0	0	0	0	0
28. Total (	210,175	6,291	265,436	481,902	0	481,902	-1,009	480,893
29. Total (	1,341,998	196,635	433,213	1,971,846	0	1,971,846	-3,135	1,968,711
30. Depre	0	0	69,554	69,554	0	69,554	31,912	101,466
31. Amorti	0	0	0	0	0	0	0	0
32. Interes	0	0	19,285	19,285	0	19,285	59,255	78,540
33. Real E	0	0	28,462	28,462	0	28,462	-420	28,042
34. Rent -	0	0	216,000	216,000	0	216,000	-216,000	0
35. Rent -	0	0	9,570	9,570	0	9,570	0	9,570
36. Other	0	0	0	0	0	0	0	0
37. Total (	0	0	342,871	342,871	0	342,871	-125,253	217,618
38. Medica	0	0	0	0	0	0	0	0
39. Ancilla	0	60,337	0	60,337	0	60,337	0	60,337
40. Barbe	0	0	894	894	0	894	0	894
41. Coffee	0	0	0	0	0	0	0	0
42	0	0	54,171	54,171	0	54,171	0	54,171
43. Other	0	0	11,798	11,798	0	11,798	-11,798	0
44. Total S	0	60,337	66,863	127,200	0	127,200	-11,798	115,402
45. Grand	1,341,998	256,972	842,947	2,441,917	0	2,441,917	-140,186	2,301,731

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	956,270	956,270
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	874,153	874,153
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,924	21,924
7. Other Prepaid Expenses	8,516	8,516
8. Accounts Receivable-Owner/Related Party	48,261	48,261
9. Other (specify):	0	0
10. Total current assets	1,909,124	1,909,124
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	73,000
14. Buildings, at Historical Cost	368,345	1,652,952
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	792,146	792,834
17. Accumulated Depreciation (book methods)	-1,020,525	-1,305,210
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	6,543	6,543
24. Total Long-Term Assets	146,509	1,220,119
25. Total Assets	2,055,633	3,129,243
CURRENT LIABILITIES		
26. Accounts Payable	416,248	416,248
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	34,784	34,784
31. Accrued Taxes Payable	13,337	13,337
32. Accrued Real Estate Taxes	30,000	30,000
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	244,207	244,207
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	738,576	738,576
LONG TERM LIABILITES		
39.Long-Term Notes Payable	259,568	259,568
40.Mortgage Payable	0	798,262
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	259,568	1,057,830
46.Total Liabilities	998,144	1,796,406
47.Total Equity	1,057,489	1,332,837
48.Total Liabilities and Equity	2,055,633	3,129,243

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,074,679
2. Discounts and Allowances for all Levels	94,545
Subtotal - Inpatient Care	2,169,224
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	126,234
7. Oxygen	1,574
Subtotal - Anciliary Revenue	127,808
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	910
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	38,015
18. Sale of Supplies to Non-Patients	0
19. Laboratory	6,072
20. Radiologyand X-Ray	0
21. Other Medical Services	45,745
22. Laundry	0
Subtotal - Other Operating Revenue	90,742
24. Contributions	0
25. Interest and Other Investments Income	1,475
Subtotal - Non-Operating Revenue	1,475
27. Other Revenue (specify):	1,364
28. Other Revenue (specify):	0
Subtotal - Other Revenue	1,364
30. Total Revenue	2,390,613
31. General Services	576,886
32. Health Care	913,058
33. General Administration	481,902
34. Ownership	342,871
35. Special Cost Centers	73,029
35. Provider Participation Fee	54,171
37. Other	0
40. Total Expenses	2,441,917
41. Income Before Income Taxes	-51,304
42. Income Taxes	0
43. Net Income or Loss for the Year	-51,304

Nursing

	Salaries	% of Total	Vac/Birth	Allocation	Total
RN	43,930.00	0.07	19,534.00	1,435.06	45,365.06
LPN	211,688.00	0.35	19,534.00	6,915.22	218,603.22
Aides	342,355.00	0.57	19,534.00	11,183.72	353,538.72
Sum	597,973.00			19,534.00	

	Salaries	% of Total	Vac/Birth	Allocation	Total
RN	18,259.00	0.20	4,941.00	1,005.40	19,264.40
LPN	31,591.00	0.35	4,941.00	1,739.51	33,330.51
Aides	39,883.00	0.44	4,941.00	2,196.09	42,079.09
Sum	89,733.00			4,941.00	

	Total Salaries	
RN	64,629.46	
LPN	251,933.72	
Aides	395,617.81	
DON	45,662.00	
	757,843.00	Total per TB

Activities

	Salaries	% of Total	Vac/Birth	Allocation	Total	
Supervisor	7,327.00	0.29	1,306.00	381.44	7,708.44	
Activities Help	17,760.00	0.71	1,306.00	924.56	18,684.56	
Total	25,087.00			1306	26,393.00	Total per TB

Snyders-Vaughn Haven
Provider #: 0005363
1/1/02-12/31/02

Schedule 17A

C. Other Current Liabilities - line 36

Description	Operating	After Consolidation
Garnishments	(220)	(220)
Due to JRSCC	(161,500)	(161,500)
Loans-Cash Advance	258	258
Uniform Deduction Payable	(1,838)	(1,838)
Group Insurance Deduction Payable	1,155	1,155
401(k) Deduction Payable	(292)	(292)
Health Insurance Payable	(2,862)	(2,862)
Medical Insurance Payable	(13,781)	(13,781)
AFLAC Payable	(5,281)	(5,281)
Workman's Compensation Liability	22,156	22,156
Advance Billing	(82,002)	(82,002)
Total - to pg. 17, line 36	(244,207)	(244,207)